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/AWJ/  
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### \*\* CONTINUING DATA \*\*\*\*\*

"none"

### \*\* FOREIGN APPLICATIONS \*\*\*\*\*

"none"

### \*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* \*\* SMALL ENTITY \*\*

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MA	SHEETS DRAWINGS 14	TOTAL CLAIMS 29	INDEPENDENT CLAIMS 3
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Initials				

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### TITLE

Systems and methods for volumetric tissue scanning microscopy

FILING FEE RECEIVED 531	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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